ATLS® Provider Course, Bangalore
REGISTRATION FORM

Please fill this form and mail it with your non-refundable payment of fee to:

Dr. Aruna C Ramesh
Department of Emergency Medicine,
Ramaiah Memorial Hospital
New Bel Road, Bangalore-560054
Mob:- +91-9740087555
E-mail: - atlsramaiahbangalore@gmail.com

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 16-18 September 2021

OPTION B 25-27 November 2021

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	
Title:	
Age:	
Designation:	
Specialty:	
Year of Graduation:	
Post Graduate Qualification	
Year of Post Graduation:	
Hospital:	
Full Address For communication:	
Zip/Postal Code:	

Country:

Work Phone:

Fax:

Mobile:

E-Mail:-

Date of any ATLS Provider course attended along with the registration number:

Date of any ATLS Instructor course attended along with the registration number:

Are you interested in and available for the Instructor course? (Please note that you must successfully complete the Student Course and be identified as having instructor potential to attend the Instructor Course)

Yes ☐ No ☐

Please deposit the fees through Bank draft in favor of "**M S Ramaiah Memorial Hospital" A/c No. – 89250200000022, Bank of Broad, Branch - MSRIT Yeshwanthapur, RTGS / NEFT Code: BARB0VJMSRI, Account Type: - Current A/C, PAN No.: AAATG1779Q**

No form will be accepted without full payment.

Provide details of Bank Draft No:……. Dated:…… Drawn on:……

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	**Rs. 25000/-**

§ Submit proof along with the registration form.